

SPRING 2015

# vanderbiltnurse



## A Patient's Best Friend

The impact of animal-assisted therapy  
on children with cancer



## CHANGING LIVES

**For generations**, the people of Bedford County in rural Middle Tennessee have turned to Jordan Cobb's family for health care. Like her mother and grandmother, Jordan chose nursing not just as a career, but as a way to truly help the people of her community. Thanks to the support offered by the Helen Tanley Alford Scholarship, Jordan will receive her M.S.N. and start following in her family's footsteps.

For more information on supporting scholarships at the School of Nursing, contact Sydney Haffkine at (615) 322-8851 or [sydney.haffkine@vanderbilt.edu](mailto:sydney.haffkine@vanderbilt.edu).



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MISSION AND VALUES  
STATEMENT

We value excellence and innovation in preserving and advancing the art and science of nursing in the scholarly domains of education, research, practice and informatics. These values are pursued through the integration of information technology and faculty-student interactions and transactions, while embracing cultural and academic diversity.



**A Patient's Best Friend 8**  
Smiles are the norm when JonJon Huddleston comes in for appointments, thanks to his four-legged friend, Swoosh.

# vanderbiltnurse

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## make connections@vusn

We want to reach out to you. Pick one or all of the ways below to stay in touch with your classmates, faculty and School:

Log on to *Vanderbilt Nurse* online to learn more and make comments on any of the stories in this issue at [vanderbilt.edu/vanderbiltnurse](http://vanderbilt.edu/vanderbiltnurse)



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A Vanderbilt network of alumni, students and friends worldwide.

**VUCONNECT**  
an online community. Are you connected?  
[vuconnect.com](http://vuconnect.com)

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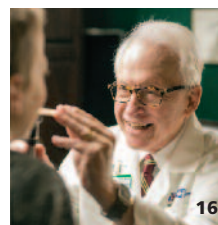
Promotions, personal achievements, moves, marriages, babies and the latest news from classmates

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Dear Alumni, Colleagues and Supporters,

We have had an eventful several months at the School of Nursing. We are delighted that the School advanced four spots to become the No. 11 ranked graduate nursing school among more than 500 schools in the *U.S. News and World Report* 2016 rankings. Several of our specialties were also ranked highly. This news is just one indication of the tremendous work happening here. There are also many positive changes taking place behind the scenes that will better prepare Vanderbilt and the School of Nursing for the future.



This past fall, Vanderbilt University Chancellor Nicholas Zeppos announced that the University and clinical areas of the Medical Center will become separate organizations, much like many other leading academic health organizations throughout the country. The School of Nursing and School of Medicine's academic programs will organizationally become part of the central University when the process is complete in approximately a year. While there will be two distinct organizations—Vanderbilt University and Vanderbilt University Medical Center—we will operate as we have been—together.

VUSN is continuing the process of developing a comprehensive strategic plan to map our future. In early Spring, our faculty-led work groups with professional facilitators started meeting regularly to delve into these specific areas:

- Academics
- Research/Scholarship
- Interprofessional and institutional partnerships
- Developing a stronger sense of community among our students and alumni
- Educational technology and innovation, and
- Practice areas

Each will also include opportunities to enhance our work with the Medical Center and the University. We will end with an All-School meeting this June to map our strategic plan and to continue our forward momentum.

We are also developing other mechanisms to better communicate activities at the School more frequently. In addition to the updates we share on the VUSN website and social media platforms, twice a year we also distribute *Scholarly Nurse*, which showcases a sampling of our faculty research and scholarly work. A new online publication, *VUSNews* debuted in February as a monthly email/bulletin to keep everyone informed about School activities on a regular basis.

I also hope you enjoy this issue of *Vanderbilt Nurse*, which highlights VUSN's innovative work with animal-assisted therapy for children receiving chemotherapy, the continued pursuit to find successful lymphedema interventions and a profile of the Adult-Gerontology Primary Care Nurse Practitioner Program.

Sincerely,

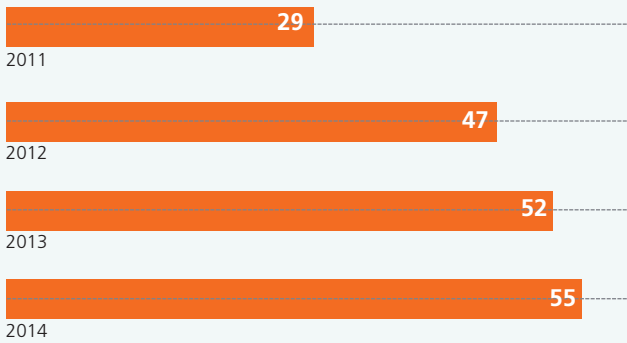
A handwritten signature in black ink that reads "Linda Norman".

Linda Norman, DSN, RN, FAAN  
 Valere Potter Menefee Professor of Nursing  
 Dean of the Vanderbilt University School of Nursing  
[linda.norman@vanderbilt.edu](mailto:linda.norman@vanderbilt.edu)

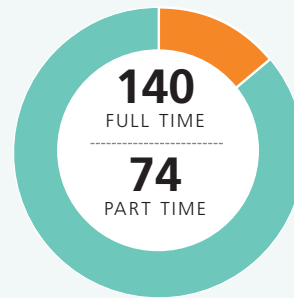
# A History of Vanderbilt's Doctor of Nursing Program



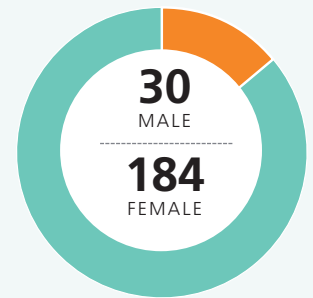
## GRADUATING CLASSES AFTER 2010



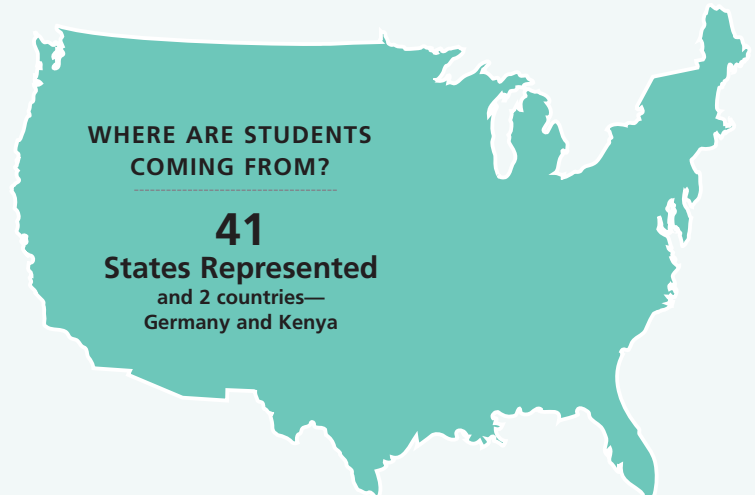
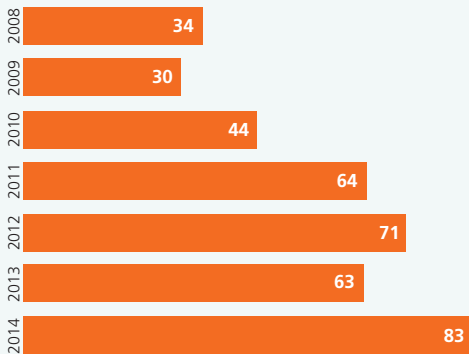
## FULL-TIME AND PART-TIME GRADUATES



## GENDER OF GRADUATES



## NEW DNP STUDENTS OVER THE PAST YEARS:



### DNP TUITION AMOUNT

**\$33,460**  
FULL-TIME TUITION  
PER YEAR

**\$19,120**  
PART-TIME TUITION

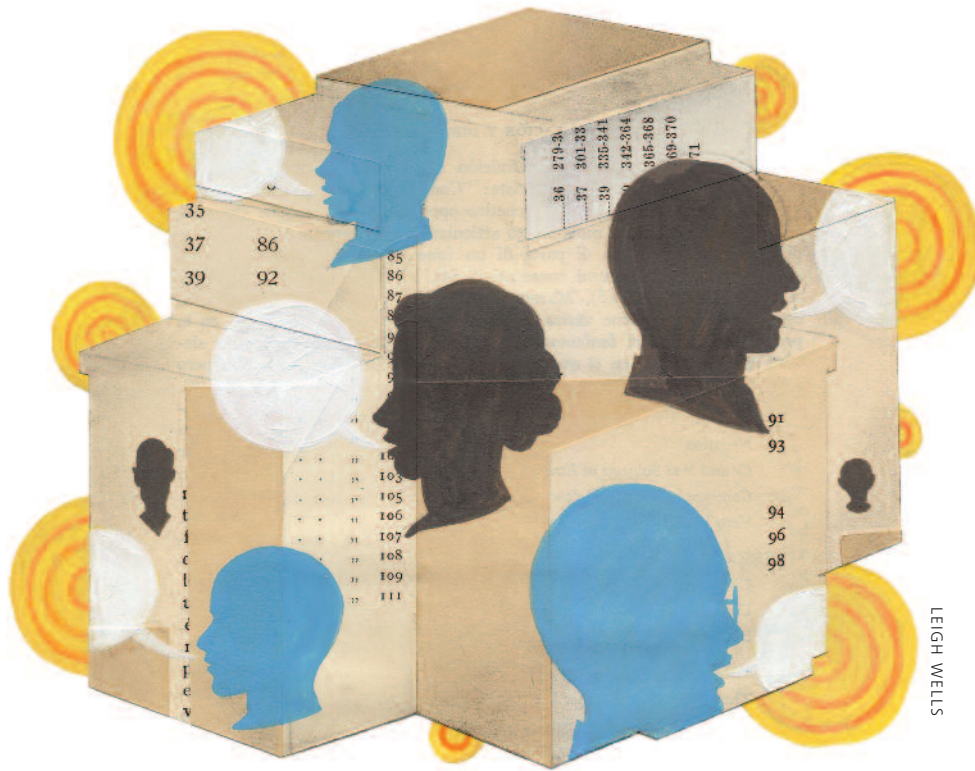
### NUMBER OF GRANTS/SCHOLARSHIPS

**112**  
IN 2013

**130**  
IN 2014

### PERCENT OF STUDENTS WHO CARRY DEBT

**65.4%**



## Health Coaching for Positive Change

**T**he first cohort of Health Coaching certificate program students at Vanderbilt University School of Nursing (VUSN) recently completed their 28-week course of study, preparing them to help patients set realistic health goals and provide support in reaching those goals.

“It’s hard to motivate people to change by telling them they have elevated lipids, for example. But if we can tie their health-related changes to the things that are important to them—living longer, having energy to play with their grandchildren, and being able to enjoy a family vacation—patients become more engaged,” said Blaire Morriss, ANP-BC, RN, who co-directs the program with Linda Manning, PhD.

This health coaching program is a structured, evidence-based approach where providers and patients collaborate to make positive changes. Mindfulness, Positive Psychology and Motivational Interviewing are woven throughout the curriculum. The program focuses on the foundation of Health Coaching which is the patient-coach relationship, patient-centered communication, and the health coaching process. The curriculum also includes five specific health areas, reflecting some of the most crucial health issues in society: nutrition and diet, diabetes, smoking cessation, chronic pain, and movement and exercise.

“Health coaching is really one of those things that you can’t do unless you have experienced it. Students can’t learn these skills only through didactic teaching. They learn how to work with people, and our program is designed to learn from the inside out,” said Manning.

The courses are taught via modified distance learning, online courses and two in-person sessions with the entire class. A key part of the teaching method revolves around triads—three-person groups of students who coach one another throughout the program. Specifically,

one student plays the part of the health coach while another is the client or patient and the third is the observer.

A foundational part of the program is a personal change project, so students can see and experience the individual steps such as intake, evaluating various health domains, and creating a vision for their well-being.

“This project spans the entire program and helps the students both practice and receive. This isn’t just a ‘head’ experience, this is a felt experience,” Morriss said.

“Health coaching is about unleashing the person’s potential without shaming them into change. It’s about harnessing the provider-patient relationship right in the beginning,” said Manning.

The first cohort was comprised of registered dietitians, nurses, nurse practitioners, social workers and a clinical psychologist, but the program is open to any health provider.

“I like the model of coaching because it has a defined beginning, middle and end,” said Pam Marks-Shulman, RD, who works with patients dealing with obesity in the Vanderbilt University Medical Center (VUMC) Department of Surgery. “It’s easy for all of us to wallow around in the things we want to fix about ourselves, and that can really hold us back. Health coaching turns it around so the patient is looking forward, even though it’s tiny steps forward.”

The Health Coaching certificate program is sponsored by The Osher Center for Integrative Medicine at Vanderbilt, VUMC Nursing Service and VUSN.

The next session starts in September.

 **contact**

For more information visit  
[nursing.vanderbilt.edu/certificate/health\\_coaching.html](https://nursing.vanderbilt.edu/certificate/health_coaching.html)

## School of Nursing Advances Four Spots in U.S. News Ranking

Vanderbilt University School of Nursing is ranked No. 11 among more than 500 nursing schools in the latest *U.S. News and World Report* "Best Graduate Schools" edition released in March. VUSN moved up four spots to No. 11 from the last ranking four years ago.

"We are very proud that we advanced four places, and it is an exceptional achievement that our Family Nurse Practitioner, Adult Gerontology Acute Care Nurse Practitioner, Adult Gerontology Primary Care Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, Nurse-Midwifery, Nursing Informatics, Pediatric Primary Care Nurse Practitioner and Healthcare Leadership programs are among the top specialty programs.

"There's never been a better time to pursue a graduate degree in nursing, and Vanderbilt University School of Nursing is among the best places to pursue a graduate nursing program of study. We have nationally-renown faculty, dedicated staff, nearly 900 current students pursuing their master's, Doctor of Nursing Practice or Ph.D. degrees and more than 9,000 alumni who are making a difference in nursing every day," said Dean Linda Norman, DSN, RN, Valere Potter Menefee Professor of Nursing.

Among Nursing Specialty disciplines, the School of Nursing's Midwifery program ranked No. 3; Nursing Informatics, No. 3; Psychiatric/Mental Health Nurse Practitioner program, No. 4; Adult/Gerontology Acute Care Nurse Practitioner program, No. 5; Family Nurse Practitioner program, No. 7; Pediatric Primary Care Nurse Practitioner program, No. 9; Healthcare Leadership (Nursing Administration), No. 10; and Adult Gerontology Primary Care Nurse Practitioner program, No. 12.

## Dempsey: Importance of Patient Experience

Patients who feel included in their care have better outcomes, Christina Dempsey, MSN, MBA, chief nursing officer at Press Ganey told a standing-room-only audience recently at Vanderbilt University School of Nursing. Dempsey's guest lecture was sponsored by the Patricia Townsend Meador Endowed lecture series.

Dempsey described the patient experience as the clinical care of the patient; the operations of the organization that assure adequate staffing and training; the organizational culture that values patients; the open and transparent communication and behaviors of every person in the organization that demonstrate the mission, vision and values of the organization.

She discussed the two main kinds of patient suffering—inherent suffering that is a person's response to his or her illness. It is unavoidable, but not un-addressable. Avoidable suffering results from dysfunction in the care delivery system, such as delayed discharges and increased wait times.

To improve the patient experience, she shared best practices of how other health organizations have made meaningful progress in mitigating avoidable suffering, and she also dispelled myths of why organizations don't focus more closely on this issue. She described the HCAHP (Hospital Consumer Assessment of Healthcare Providers and Systems) scores that provide data on consumer perspective of their health care and are tied to a health organization's reimbursement rates.

With data backing up each message point, Dempsey encouraged audience members to look for opportunities to better connect

with patients. "Caring transcends diagnosis—the real caring goes beyond delivery of medical interventions to the patients," she said.

Keith Meador, MD, ThM, MPH, director of the Center for Biomedical Ethics and Society and whose family endowed the lecture series said, "Christina's message resonates in nursing, medicine, ethics and all that we do throughout health care. I think everyone in the room left with something that will inform their practice or research going forward."



## Pilon Celebrated for VUSN Community Partnership Efforts

Vanderbilt and community members recognized Bonnie Pilon, PhD, RN, who stepped down from her role as senior associate dean for Clinical and Community Partnerships at Vanderbilt University School of Nursing in December 2014.

Pilon, pictured with VUMC Deputy Vice Chancellor C. Wright Pinson, MBA, MD, served in the role for 15 years, including leading the School's Health Care Leadership Master's program for 13 years and teaching in the Doctor of Nursing Practice program. Nationally, she is known as a staunch advocate of nurses "practicing at the top of their license," a cornerstone of the Institute of Medicine "Future of Nursing" report.

Under Pilon's leadership, VUSN experienced explosive growth in its faculty practice network, and many sites also provide VUSN students with clinical experiences. When Pilon became the senior associate dean in 1999, VUSN had 7,000 unique patients and nurse-midwives delivered 42 babies. By 2008, VUSN faculty and staff were providing care to more than 30,000 individual encounters before she successfully converted Vine Hill Community Clinic and affiliated sites to a Federally Qualified Health Center. The nurse-midwifery practice has grown to more than 1,200 deliveries at Vanderbilt University Hospital. She also was awarded \$6.4 million in federal grants and \$1.25 million in foundation grants to support clinical practice in the community during her tenure.

Pilon is taking a yearlong sabbatical to conduct research on the culture and historical development of nurse-managed health centers across the country. She will resume her VUSN teaching role in 2016.



SUSAN URMAY

## RoundingWell Collaborates with VUSN Clinic

RoundingWell and the Clinic at Mercury Court (CMC), a community health initiative of Vanderbilt University School of Nursing to reach the most medically underserved, have implemented technology at no cost to the clinic in the spirit of community health improvement and innovation. The RoundingWell platform is being used by the clinic's inter-professional team to coordinate the delivery of complex medical and social care for their patient population.

The CMC's core interprofessional team consists of nurse practitioners, clinical pharmacists, social workers and physicians, who have created a variety of pathways tailored to the specific needs of the clinic's patient population.

When a health risk, issue or problem is identified for a patient, the team at the CMC activates pre-defined pathways in the RoundingWell system, which in turn activates pre-defined tasks for clinicians based upon their clinical roles. This allows for almost effortless communication and smooth transitions of care.

"We've been partners with the Vanderbilt University School of Nursing for a number of years, and we've always admired the public health initiatives that they lead across our community," said John Smithwick, CEO of RoundingWell.

## Gordon Receives Credo Award

Vanderbilt University School of Nursing's Jeff Gordon, Ph.D., M.Ed., professor of Educational Technology and Informatics, was recently honored by Vanderbilt University Medical Center as a recipient of the Credo Award, given to faculty and staff who demonstrate the highest level of excellence in serving colleagues, students, patients and their families.

Gordon's nominating letter credited his successful resolution of a recent educational information technology failure at the School of Nursing. "Jeff Gordon was our voice of reason through the crisis. Jeff has to be the most dedicated and persistent person on the face of the earth!"



SUSAN URMAY

(L to R) VUSN Dean Linda Norman, Jeff Gordon and Vice Chancellor for Health Affairs and Dean of the Vanderbilt School of Medicine Jeff Balsler





SUSAN URMY

## Pam Jones: New VUSN Practice Leader

**P**am Jones understands where health care delivery has been, where it is today, and where it is heading.

As the Vanderbilt University School of Nursing's incoming Senior Associate Dean of Clinical and Community Partnerships, she will further enhance interdisciplinary learning, develop future models of care that enhance health and provide teaching opportunities for VUSN students, oversee several non-nursing community outreach programs, and look for ways to more fully integrate with Vanderbilt's growing affiliated network.

"I'm following the great leadership of Bonnie Pilon, and want to add to the strong tradition of the Nursing School," Jones said. "Health care delivery is changing so quickly and while there are a lot of challenges, there is also much opportunity."

Jones points to the success of employer-based clinics like those in Nashville at Opryland and for the Metro Nashville Public School district, as examples of increasing health quality for patients and decreasing costs to employers. With Vanderbilt University Medical Center (VUMC) colleagues such as Lee Parmley, MD, and April Kapu, DNP, MSN, she has worked on a team to change the physician/advanced practice nurse dynamic in the intensive care unit resulting in more coordinated care and better outcomes for patients. She is proud that VUMC is known nationally for the large number of advance practice providers filling crucial roles.

Jones started her career in nursing at Vanderbilt as a neonatal nurse—the 1985 *Vanderbilt Campaign for Medicine and Nursing* brochure even shows her at the bedside of a young boy. While she has seen firsthand the impact a nurse can make on each individual, she came to believe that pursuing management roles would help her ultimately impact even more patients.

Jones has served in nursing leadership for Vanderbilt University Hospital since 2008, responsible for all inpatient nursing services, Emergency Department, LifeFlight, respiratory therapy, social services and case management. Recently, she earned the 2015 American Association of Nurse Practitioners' Advocate State Award for Excellence, in recognition of helping increase the awareness and acceptance of the nurse practitioner role in Tennessee.

"My prior experience in community hospitals and clinics in combination with my Vanderbilt Hospital experience gives me a broad understanding of the health system as a whole which is particularly pertinent as we face a changing health care system. In addition, I love to work with teams to tackle issues, and formally and informally develop leaders," said Jones.

She taught in VUSN's health care leadership program for several years and previously worked in the school's faculty practice arm, helping put together the proposal that resulted in Vine Hill Community Clinic becoming a Federally Qualified Health Center.

"I admire Dean (Linda) Norman and the entire VUSN leadership team. They are wonderful colleagues and very future-minded. I feel privileged to serve in this way," said Jones.

Prior to joining Vanderbilt, Jones served in several leadership positions for other area hospitals in Nashville, including chief executive officer for the Baptist Women's Pavilion Hospital and chief operating officer for Tennessee Christian Medical Center. She earned her bachelor's and master's degrees in Nursing and Doctor of Nursing Practice degrees from VUSN.

— Kathy Rivers





# A PATIENT'S BEST FRIEND

**A national study of young cancer patients** at Vanderbilt University Medical Center and four other sites doesn't focus on experimental medications or therapies, or even the doctors and nurses who administer them. The most important member of this health care team is a tiny 10-pound toy Pomeranian named Swoosh. The "medication" being studied comes in the form of licks, tricks and a wagging tail.

BY NANCY HUMPHREY  
PHOTOGRAPHY BY JOHN RUSSELL

## SIX-YEAR-OLD JONJON HUDDLESTON OF NASHVILLE IS ONE OF 20 CHILDREN PARTICIPATING IN THE VANDERBILT PORTION OF THE CANINES AND CHILDHOOD CANCER STUDY, EVALUATING THE BENEFITS OF ANIMAL-ASSISTED THERAPY FOR YOUNG CANCER PATIENTS WHO ARE NEWLY DIAGNOSED AND UNDERGOING CHEMOTHERAPY.

The Vanderbilt portion of the five-center study is led by Vanderbilt University School of Nursing professor Mary Jo Gilmer, PhD, MBA, RN-BC, FAAN.

Specifically the study is looking at whether animal-assisted therapy reduces the stress of anxiety of the children undergoing chemotherapy, and whether it improves the quality of life for the children (ages 3-17) and their families. Twenty children at each site are randomly assigned into one of two groups—one receiving the standard of care therapy and another receiving standard of care therapy plus animal-assisted therapy. At the time the families agree to be in the study, they don't know to which group they'll be assigned. They are followed for four months.

JonJon, waiting for his appointment in the Pediatric Oncology Clinic at Monroe Carell Jr. Children's Hospital at Vanderbilt, throws his head back and laughs as he runs his tiny fingers through Swoosh's silky soft reddish brown hair. The distraction takes his mind off of his impending chemotherapy treatment for acute lymphoblastic leukemia (ALL).

JonJon's mom, Amy Huddleston, sits beside him in the exam room, a Starbucks coffee cup in her hand and a smile on her face as she watches her son interact with Swoosh and Michelle Thompson, the 7-year-old therapy dog's owner and handler.

Swoosh sits in the chair with JonJon, but watches Thompson closely for hand commands. The dog's tiny yellow vest with the black border signals he's at work.

Gilmer, a palliative care expert, is watching Swoosh and JonJon through a

glass window. She can't hear what's being said, but a Vanderbilt student research assistant inside the room is filming the interaction and it will be evaluated at a later date. She doesn't need to hear the conversation to know that JonJon is delighted with the tricks that Swoosh is performing beside him.

The study is coordinated by the American Humane Association and funded by animal health company Zoetis. Co-investigators include Terrah Foster Akard, PhD, RN, assistant professor of Nursing, and Debra Friedman, MD, E. Bronson Ingram Professor of Pediatric Oncology and director of Hematology/Oncology at Children's Hospital. Research Assistants helping with the study include

undergraduate and graduate students from Nursing, Peabody Child Development, College of Arts and Science, and Medicine Health and Society.

Other sites participating in the study are: Randall Children's Hospital in Portland, Oregon; St. Joseph's Children's Hospital in Tampa; Tufts School of Veterinary Medicine in Boston; and UC Davis Children's Hospital in Sacramento.

Each year in the U.S., more than 15,000 children and adolescents under 19 will be diagnosed with cancer, according to the National Cancer Institute. ALL is the most common cancer diagnosed in children, and represents approximately 25 percent of cancer diagnoses among children younger than 15. ALL treatment

### How to Become Part of an Animal Therapy Team

Pet Partners, the largest nonprofit organization that registers handlers and animals to become part of a volunteer animal-assisted therapy team, believes there are many kinds of animals that can form a strong human-animal bond. The organization registers dogs, cats, guinea pigs, rabbits, domesticated rats, horses, donkeys, llamas, alpacas, pot-bellied pigs and birds. Below are steps to becoming an animal-assisted therapy volunteer.

1. Attend a pet handler course either in-person or online.
2. Have a veterinarian screen your animal's health and ensure all vaccinations are up to date.
3. Have a licensed evaluator assess your human-animal team's skills and aptitude.
4. Submit your official application.

For more information, visit: [petpartners.org](http://petpartners.org)





■ After having his blood drawn, JonJon Huddleston leads Swoosh, Michelle Thompson, left, and Mary Jo Gilmer to the examination room.

## Canines and Childhood Cancer Study Overview

**WHO:** The American Humane Association began the Canines and Childhood Cancer (CCC) Study to measure the well-being effects of animal-assisted therapy (AAT) for children with cancer, their parents/guardians, and the therapy dogs who visit them. The hypothesis is that children, their caregivers and the dogs will all experience less stress and anxiety than those who are not involved in animal-assisted therapy.

**WHAT:** AAT is an accessible and affordable adjunctive treatment option that holds promise for people from all ages and walks of life, including children. The documented benefits of animal-assisted therapy include: relaxation, physical exercise, unconditional support, improved social skills, enhanced self-confidence, and decreased loneliness and depression.

**WHY:** Each year in the U.S., nearly 13,000 children are newly diagnosed with cancer and more than 40,000 are in treatment at any given time.

**WHEN:** The study consists of a comprehensive needs assessment (Stage I), a six-month pilot study (Stage II), and a full clinical trial (Stage III—current stage).

**WHERE:** Five hospital sites are collecting data for the full clinical trial:

- St. Joseph's Children's Hospital in Tampa, Florida
- Randall Children's Hospital at Legacy Emanuel in Portland, Oregon
- UC Davis Children's Hospital in Sacramento, California
- UMass Memorial Children's Medical Center/Cummings School of Veterinary Medicine at Tufts in Worcester/North Grafton, Massachusetts
- Monroe Carell Jr. Children's Hospital at Vanderbilt in Nashville, Tennessee

**HOW:** The study is sponsored through a grant from Zoetis with matching funds from the Pfizer Foundation. Additional funds were received through a grant from the Human Animal Bond Research Initiative (HABRI) Foundation.

lasts about two years for females and three years for males.

“Great strides have been made in treating cancer and the survival rate has increased greatly over the last few years,” Gilmer said. “When I started out in nursing we lost about 50 percent of the kids with ALL. Now the survival rate is about 85 percent.

“We’ve made great progress. That’s the good news,” she said. “The difficult news is that kids are living with the effects

of cancer. Survivors live with the emotional stress of the diagnosis and treatment for the rest of their lives, and their families are affected too.”

Gilmer said that although animal-assisted therapy has expanded in recent years, most of the findings about the benefits have largely been anecdotal. It’s not clear, from a scientific standpoint, that the incorporation of animals into clinical settings is effective, thus the need for this multi-center study. During the study sur-

veys and physiological data are collected from the participating families (quantitative data) and stories as well (qualitative).

Typically children with ALL receive one month of chemotherapy in the hospital, followed by weekly chemotherapy visits in the clinic setting. This is where the study visits take place.

In addition to evaluating the impact of pet therapy on anxiety and health-related quality of life of the children, the stress levels of the dogs will also be monitored. After meeting with each study participant, the dog’s mouth is swabbed to collect saliva and measure cortisone levels.

“There’s everyday ‘good’ stress that the dog can feel when meeting people or trying something new, and there’s ‘bad’ stress or distress that can be debilitating,” Gilmer said. “We want to check after they’ve been with a child who’s so sick. The human-animal bond is so tight.”

### SWOOSH’S STORY

Swoosh and Thompson were certified as a pet therapy team in fall 2011 by Therapy ARC (Animals Reaching Clients), a local non-profit organization. The volunteer duo started out visiting adult patients receiving cancer treatments and pediatric physical therapy patients at Vanderbilt Health One Hundred Oaks (a satellite facility of Vanderbilt University Medical Center).

In the summer of 2012, they started working at Children’s Hospital with pediatric patients receiving chemotherapy, and were recruited to join the Canines and Childhood Cancer study. They spend 15 minutes with the study participants each time they visit the outpatient clinic.

When Thompson and Swoosh pay a visit to the clinic, Swoosh will sit in the child’s lap, shake hands, and the child often is allowed to give him treats. Sometimes the child listens to Swoosh’s heart with a stethoscope, brushes him or reads a book to the dog. And there are tricks—Swoosh can retrieve a ball and jump over poles.

“Mostly, we’re just there to distract,



## THIS DOG'S LIFE

From the time he steps into Monroe Carell Jr. Children's Hospital at Vanderbilt until handler Michelle Thompson packs him up to go home, Swoosh brightens the day for many children. Although Demarcus Rhodes (upper left) and Bobby Harris (middle right) are not in Mary Jo Gilmer's study, both boys get a friendly visit with this therapy dog. For Jenna King (lower right) and JonJon Huddleston (upper right), Swoosh has become a member of their health care teams.



JOHN RUSSELL



■ Thompson worked hard to train her Pomeranian to be a calm and friendly therapy dog.

for the child to take a break from being in the hospital,” Thompson said. “I trained him to be calm. The breed is normally a little hyper, insecure and yippy, but I worked with him as a puppy and he’s smart. Not every dog can be a therapy dog, just like not every person can be a nurse. He’s just mostly a warm little fluffy thing.”

Thompson said that when she visits children in the hospital, she looks for “a twinkle” in a child’s eye when she and Swoosh stop to say hello. “Not everybody is a dog fan. You can tell right away if they’re receptive,” she said.

Amy Huddleston admits that she was slightly reluctant to enroll JonJon in the

study when she was first approached at Children’s Hospital. “He was very sick and this was a very new diagnosis. I didn’t want one more thing to do, one more thing to fill out.”

But she agreed and says the study has been a big help in getting JonJon, and she and her husband, Jono, through the early days of a frightening diagnosis. Prior to being enrolled in the study, JonJon would realize as they got close to Children’s Hospital and say “no, no, no.” After meeting Swoosh, if she had trouble getting him out the door and into the car, she’d say, “We’re going to see Swoosh,” and he’d stop what he was doing and readily get in the car to head to Vanderbilt.

“It was amazing,” she said. “This (being teamed up with Swoosh and Thompson) has changed his whole demeanor. Now when we come to the hos-

pital there are no tears and he doesn’t tense up. When we get near the hospital, he’ll start to say ‘Swoosh!’ It’s been wonderful for us, a fabulous experience. It’s made a huge difference.”

Although there are four other dogs participating in the study (Orla, Owen, Kevlar and Johnny), Swoosh does most of the interactions because of his availability.

“Swoosh is wonderful. Michelle is great,” Gilmer said. “They come as a package. Animal-assisted therapy, because they’re volunteers, doesn’t cost anything. It’s very cost effective, children love it and anecdotally we know it works. In this health care environment, that’s very important.”

Michelle and Swoosh are integral team members, said Stephanie Van Dyke, director of Child Life and Volunteer Services for Children’s Hospital. “Not only do they exhibit the heart of a servant



through volunteer service, with every visit they help reduce stress and anxiety and normalize the health care experience for children and their families. They motivate and inspire. They personalize health care experiences. They complement the medical treatment so that the whole child is being cared for—physically, emotionally and developmentally. When we speak of a healing environment, we speak of Michelle and Swoosh,” Van Dyke said.

Swoosh and Thompson have other responsibilities as well—they work with military personnel, the elderly and school children, and participate in a local program that aids struggling readers.

#### EARLY INDICATORS

A student research assistant attends each animal-child interaction along with the child's parent, dog and animal handler. Data collected includes blood pressure and pulse before and after the child's 15 minutes with the dog and surveys to show the current level of anxiety or stress.

There are also quality-of-life questionnaires with questions about quality of life in general, and about quality of life specific to cancer. A video camera is used to record each session so independent observers can

“

Now when we come to the hospital there are no tears and he doesn't tense up. When we get near the hospital, he'll start to say 'Swoosh!' It's been wonderful for us, a fabulous experience. It's made a huge difference.”

— AMY HUDDLESTON

document the dog's behavior. The control cohort sessions are also videotaped to ensure an equivalent environment.

Gilmer emphasized that children randomized into the group without animal-assisted therapy can still interact with the therapy dog as it makes its way through the clinic with its handler. They just don't get the 15 minutes with the dog in the exam room.

Gilmer's interest in animal-assisted therapy began years ago when she had a National Institutes of Health (NIH)-funded grant looking at coping and adjustment in bereaved parents and siblings after a child dies from cancer. In that study, one of the questions asked was 'who provides support for you?' There was a checklist that included parents, friends, teachers,

coaches, ministers and pets. "Almost as many checked pets as did parents or friends, which was very surprising to me," she said. "That inspired me to look at the importance of pets more carefully."

Gilmer said it's too early to know what the results of the current study will be, but her observations have given her a clue.

"There's just a change in the affect of the kids assigned to the animal therapy group," Gilmer said. "They light up. They want to interact with the dog, and what I've heard from the parents is that the dog becomes important in getting the child to come to clinic. One little 4-year-old girl had 15 minutes with Swoosh and as she was exiting the session, she said, 'I'm ready for my spinal tap now.' I couldn't believe it. That's pretty dramatic."

## TOP DOG

Swoosh and his owner Michelle Thompson of Franklin, Tennessee, received the Animal Medical Center's Top Dog award for 2014. The Animal Medical Center is a not-for-profit hospital for companion animals and an institute for veterinary education and research.

Active volunteers at Vanderbilt University Medical Center since 2012, Thompson and Swoosh are both part of a national clinical trial of therapy dogs in pediatric oncology called the Canines

and Childhood Cancer Study. The Vanderbilt portion of the study is being led by Mary Jo Gilmer, Ph.D., MBA, RN-BC, of the Vanderbilt University School of Nursing.

Animal-assisted therapy dates back to the 1700s, but has been widely recognized in the United States since 1969.

Swoosh and Thompson are certified by Therapy ARC (Animals Reaching Clients), which trains volunteers and evaluates them with their pets so they can visit patients/clients in hospitals,

nursing homes, hospice and physical therapy centers, schools, libraries and many other facilities.





Dr. Robert Bone gives patient Carson Jones a thorough checkup at a recent office visit.

# ON ALL FRONTS

*Finding ways to restore quality of life for cancer survivors  
with lymphedema and other conditions*

**Robert Carver Bone, MD, beat cancer, but there was another foe lurking behind him.**

He was diagnosed with Stage 4 head and neck cancer that was successfully treated with chemotherapy, radiation and surgery, but he wasn't the same as before. "I couldn't open my mouth to take a bite of food, my neck was tight and my shoulder was dysfunctional," said Bone. As a physician, college professor and longtime community leader, Bone leads a vibrant and active lifestyle from his home base of Lebanon, Tennessee. He doesn't have time for physical limitations.

BY MATT BATCHELDOR  
PHOTOGRAPH BY DANIEL DUBOIS

# Bone is one of many people with cancer who learn that beating the disease doesn't always mean a return to life before it.

Chemotherapy, radiation therapy and surgery save their lives but leave them with chronic ailments that range from irritating to crippling: bad posture, musculoskeletal problems, difficulty breathing and lowered self-esteem.

Many suffer from lymphedema, swelling caused by retained fluid in a compromised lymphatic system that can make it difficult to breathe or move normally. These are symptoms that cancer survivors are often told to live with for the rest of their lives, periodically going to the doctor if the swelling becomes too great.

Such a status quo is not good enough for Sheila Ridner, PhD, MSN, RN, Martha Rivers Ingram Professor of Nursing at Vanderbilt University School of Nursing (VUSN). Ridner is passionate about finding better treatments for cancer survivors with chronic conditions, particularly for those with lymphedema.

"These may be things that we can fix," she said. "It's not like you just have to accept that people have to be impaired after having head and neck cancer. We don't have to accept that for them. We do not have to accept that's just what happens."

She enrolled Bone in an ongoing study that is considering whether yoga can alleviate symptoms of head and neck cancer survivors.

Now finished with his part in the study but continuing to practice yoga, Bone said he's much improved. "The yoga was amazing. I never felt as good in my life as I have after that two months of yoga therapy," said Bone, who now does yoga exercises at home too. "My mouth

opens wider, my neck is supple and my shoulder is "better."

"It feels a lot better, and I know that because I'm not getting my headaches that I used to get," he said.

Ridner has attacked lymphedema from multiple angles in several studies, working together with Jie Deng, PhD, assistant professor of Nursing, and Barbara Murphy, MD, professor of Medicine and director of Head and Neck Oncology at the Vanderbilt-Ingram Cancer Center.

Ridner has received more than \$5 million in grants since 2001 to fund her efforts, including from the National Institutes of Health, the American Cancer Society and ImpediMed, a medical device manufacturer. She is the principal investigator on three active studies, and has worked on three other lymphedema studies, in addition to collaborating with other faculty in other research.

Her studies come from the premise that cancer survivors, particularly patients with lymphedema, aren't given sufficient or timely treatments that could alleviate their symptoms. Her proposed treatments focus on early detection and treatment, with an emphasis on self-care to prevent trips to the clinic.

Ridner, Deng and Murphy make a good team. Ridner is a mentor to Deng, a noted Chinese-born nurse researcher who came to America and is focused on studying head and neck cancer patients, with internationally acclaimed results. And Murphy is the physician who has treated head and neck cancer patients at Vanderbilt

for 22 years, providing patients and inspiration for the nurse researchers' studies.

Ridner and Deng are recognized as pioneers in the field of lymphedema research, particularly in America. Their closest peers are in Germany, Scandinavia and Australia.

"It has been a fight for the last 20 years to try and change the paradigm" of symptom control for head and neck cancer patients, Murphy said. "We are finally getting to a point now where attention is being turned toward accumulated effects in a meaningful way."

## A NEW APPROACH: YOGA

For one of Ridner's latest studies, Murphy suggested an unconventional approach: how yoga can help head and neck cancer patients. This yoga project was successfully funded by the National Institutes of Health in 2012. Bone, a patient of Murphy's, is one of an expected 40 patients who will test the effectiveness of 16 yoga poses to loosen the body, alleviate swelling and pain and improve motion.

Bone and others are filmed and offered a DVD of their session, which they can use to practice yoga at home.

Participants come to Godchaux Hall three times a week for four weeks for 90-minute, one-on-one sessions with Sujatha Yarlagadda, a yoga therapist and assistant in Nursing at VUSN. Each session includes awareness practice, postures that focus on improving mobility in the neck, jaw and shoulders, breathing exercises, relaxation and meditation.

"The majority of the time patients identify themselves with the disease," Yarlagadda said. "Yoga helps them detach themselves from that perspective and gives them the experience of who they are at a deeper level. Once a person goes there, the outlook is totally different."

Ridner compared participants' physical measurements taken after the four weeks of treatment to before. For the next four weeks, they came to yoga therapy two times a week, a similar regimen to traditional physical therapy.



JOHN RUSSELL



JOHN RUSSELL

Yoga instructor Sujatha Yarlagadda works with Robert Bone, MD, helping perfect techniques that he can replicate at home to help improve his range of motion and quality of life.

Ridner is closely measuring the effectiveness of each yoga position, and combinations of positions. Her hope is that this is one step toward a more comprehensive study that will lead to targeted yoga therapies that patients can do at home.

More than half of the participants have completed their yoga therapy; the rest will be seen before the study is completed in July.

Though the study isn't finished, Ridner is encouraged by the changes she is seeing in participants.

"They walk better," she said. "They're standing up straighter. They say hi when they see people and they have a smile on their face that they literally didn't have when they first came in the door."

## PERSONAL EXPERIENCE SHAPES RESEARCH

Ridner's passion comes from personal experience. A longtime nurse and hospital administrator with a history of working with cancer patients, she came to VUSN in the late 1990s to pursue her master's degree in nursing.

Her mother had breast cancer at the time, and Ridner warned her that she was at risk for lymphedema. "But nobody else even mentioned to her that she was at risk," she said.

Sure enough, as Ridner was working on a research project looking at the state of science of lymphedema management, her mother developed the condition.

"My mother was a pianist, and she had played the piano in church since she was 13 years old, and her hand got so big she couldn't do it," Ridner said. "That was her passion and she had to give it up."

Ridner's motivation only deepened when her project found there was little research in lymphedema management. The science that was available was from Australia, Germany or Scandinavia.

After attaining her master's degree in 2000, Ridner began pursuing her doctorate. The focus for her dissertation was clear: lymphedema.

She sought, and received, a federal grant to study 149 breast cancer patients with and without lymphedema to see what differences they have in symptoms

and overall quality of life. She found "that there really were quite stark differences in the number of and the type of symptoms they had and that their quality of life was poorer."

Her research showed that about 28 percent of breast cancer patients develop lymphedema, significantly impacting physical, psychological and sexual functioning. Cancer survivors needed to be better informed of their risk for lymphedema and guidelines to reduce that risk.

"I decided that it really had to be a multipronged approach," Ridner said, treating patients who already had the condition, but also finding preventive measures. She also realized that it wasn't just breast cancer survivors who contracted lymphedema, so she expanded her research to other cancers.

The result was a four-year study that recruited 100 head and neck cancer patients and followed them for 18 months after treatment to catalog their problems. It considered the relationship between lymphedema and fibrosis, the excessive buildup of hardened scar tissue, seeking to

better diagnose, reduce risk for and treat the conditions.

The study, recently closed, is in the data analysis phase.

“During the course of that study, we immediately knew within six months we had a much higher level of musculoskeletal impairments, postural changes and swelling than we had anticipated finding, because no one had ever done a study like we did,” Ridner said.

Ridner speaks with some frustration about the slow progress in lymphedema diagnosis, treatment and prevention.

“Ten years after my first study, breast cancer survivors with lymphedema continue to report the same problems of lack of education about the risk of lymphedema; no clue what the lymphatic system is, they don’t understand why the treatment is designed the way it’s supposed to be, they are distressed and have problems with work, with other people, and nobody addresses it,” she said. “Lymphedema is viewed as ‘it’s swelling and it’s nothing else,’ and we have lots of research done here now that proves that lymphedema is a cluster of issues. It is swelling; it is altered feelings in your arm, which can range from anything from just feeling heavy, to downright pain, to being depressed or angry because you’re not getting the support from your providers that you need. So there’s a whole cluster of things.”

### WEB-BASED STUDY

Treating the multiple, interconnected issues of breast cancer survivors with lymphedema is the focus of another study Ridner has underway, which is funded by the American Cancer Society. The Web-based study is testing the effectiveness of cognitive behavioral therapy, a 12-hour, video-intensive program that participants use at home.

The program starts with a video introducing them to the lymphatic system and how to treat lymphedema. It continues with material about healthy eating, movement, dealing with difficult

people and coping with body image and sexuality changes.

“People can literally do this study from anywhere, if they want to be in it,” she said.

Meanwhile, Deng is working on a similar study that targets head and neck cancer patients.

### DETECTING LYMPHEDEMA WITH A DEVICE

Self-care was the focus of another of Ridner’s recent studies, published in December 2014 in the journal *Lymphatic Research and Biology*. Ridner developed a protocol for breast cancer survivors with lymphedema to use a biomedical impedance device to measure the fluid volume in their limbs, similar to the way diabetics measure their insulin. Unlike insulin monitoring, however, the device is not invasive; it requires only having an electrode attached.

The idea behind the self-monitoring is to detect retained fluid early, when the condition is easier to treat. Traditionally, lymphedema patients have monitored their swelling volume with a simple tape measure, an inexact science. Swelling would have to become advanced before the tape measure could detect it.

Not so with the medical device. It offers exact, quantitative measurements of swelling. Ridner found that patients who used the device wore compression garments more often to control swelling. In other words, they had better control of their swelling and knew more exactly

when to wear their garments, and when they weren’t necessary.

Several patients told Ridner how freeing it was to be able to discard the garments for special events, like a daughter’s wedding, “and have a good time instead of being anxious and guilty” about not wearing them, she said.

### IMPEDIMED STUDY

Now that Ridner has proven that the medical device is more effective than traditional methods of measuring fluid volume, she has another study underway to test a different device.

Ridner’s goal is to keep people from developing chronic lymphedema by allowing them to test themselves at home. The study is enrolling 1,100 research subjects over two years at five sites in the United States and Australia. They will be randomized to be measured by a tape measure or the device.

If the subjects meet a certain criteria for swelling, they will wear a compression garment for four weeks and will be tested again after eight weeks. If the swelling progresses to a certain point, they will be referred to medical doctors for treatment. If not, they will be tracked for three years in the study.

The device’s manufacturer, ImpediMed of Brisbane, Australia, approached Ridner with the idea and is funding the study. Compression garment manufacturer Medi USA is donating the garments.

“It’s a unique collaboration between a device manufacturer and an intervention

“**It has been a fight for the last 20 years to try and change the paradigm of symptom control for head and neck cancer patients. We are finally getting to a point now where attention is being turned toward accumulated effects in a meaningful way.**” — Barbara Murphy

garment company to do this study,” Ridner said.

### COLLABORATION WITH DENG

When Ridner started her research into lymphedema, it was a lonely road. Now it is a bit less so, thanks to Deng, an assistant professor of Nursing and frequent collaborator who first met Ridner as a research assistant in 2007.

Deng was a successful nurse researcher in China before she left her home to pursue a PhD at the Vanderbilt University School of Nursing. Originally, she wanted to study oral health issues for people on ventilators, Deng said.

Working with Ridner, Deng quickly caught her infectious enthusiasm for lymphedema research. “She’s my mentor,” Deng said.

Deng’s doctoral thesis combined her interest in oral health with her new fascination with lymphedema.

Her research centered on swelling in the head and neck, and found that

lymphedema also occurred internally, groundbreaking work that attracted international attention.

Deng found that 75 percent of the head and neck cancer patients she studied had lymphedema, internal or external. Most had both.

“Before that publication came out, people didn’t even know this was a problem,” Ridner said. “I can’t tell you how unique it is for student work to have such an impact as it did.”

Murphy said the next grant Deng is seeking is for another pioneering study: developing a standard for measuring lymphedema along the trajectory of recovery. There are no such standards now, she said.

“This was the effort of a team,” Murphy said—Deng, Ridner and herself. “One person could not do this.”

### THE ROAD AHEAD

Murphy is optimistic about what the lymphedema research will bring in the coming years.

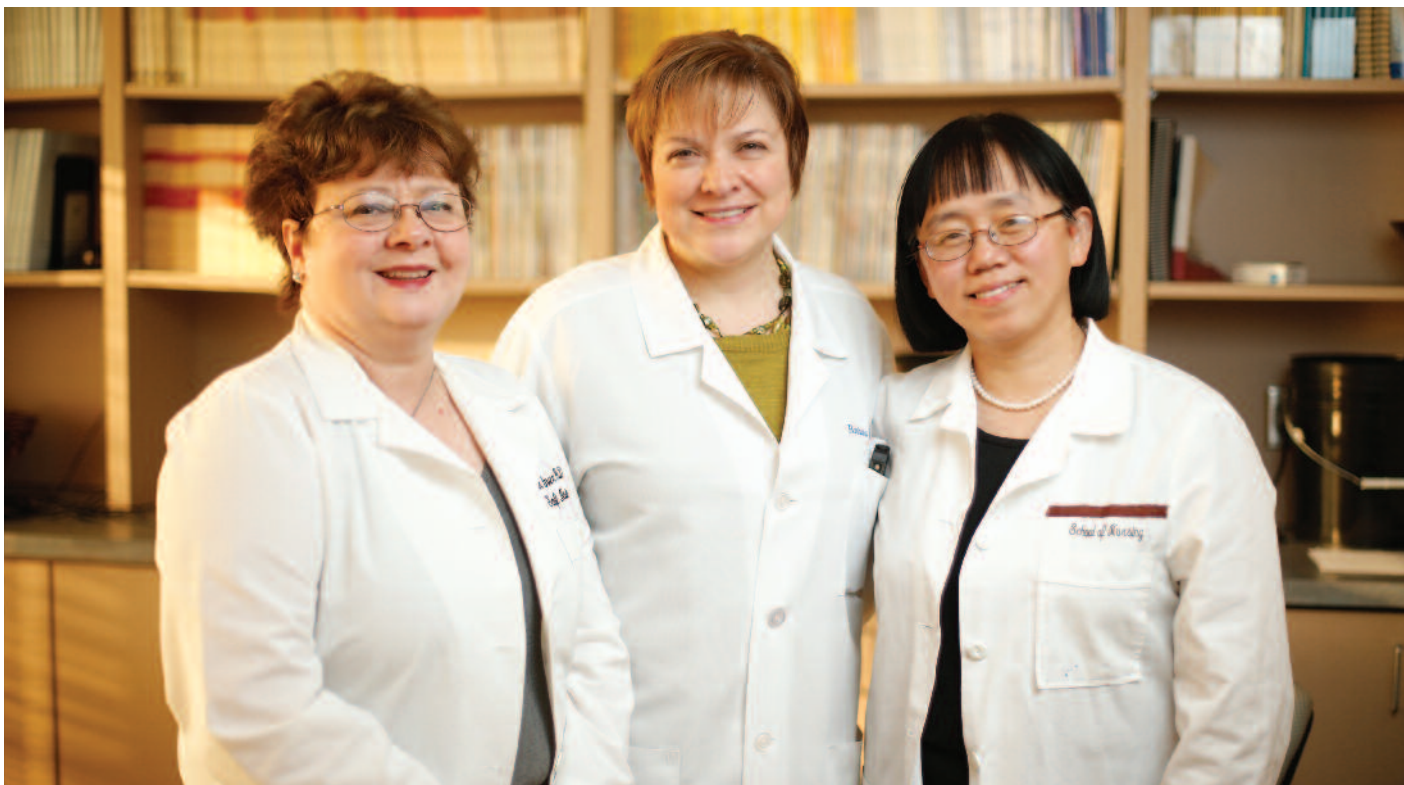
“What I would like to see is a body of literature that clearly defines lymphedema and fibrosis and its progression,” she said.

In that future world, lymphedema and fibrosis would be properly assessed. Patients would be referred to effective therapy, which would be defined and refined. They would be made available to a wide audience, which could incorporate into overall habits for healthy living.

The bottom line: having cancer patients merely survive is no longer sufficient. They must thrive.

“I think what changed over the last, say, 10 years is the recognition that it’s all well and good to cure people and that really should be our primary concern,” Murphy said, “but that you cannot look to extend life without ensuring... life that’s worth living.”

(L to R) Sheila Ridner, PhD, Barbara Murphy, MD, and Jie Deng, PhD, are attacking lymphedema from multiple angles in several studies.



JOHN RUSSELL



an interview with  
**Leslie Hopkins**

*Leslie Hopkins, DNP, APRN-BC, FNP-BC, ANP-C, director of the Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP) specialty, shares why our nation's aging population, referred to as a "silver tsunami," and health care reform are coming together to make Adult-Gerontology Primary Care Nursing a very smart career choice.*

**Which patients can an Adult-Gerontology Primary Care Nurse Practitioner see?**

Anyone who is age 13 and older. We have one of the broadest scopes of practice for any advanced practice nursing specialty. So if you are not interested in taking care of infants and young children, but are concerned about providing wellness, managing diseases and chronic health issues, this specialty is for you.

**Are there any trends that make this a hot specialty right now?**

Today, one out of every 10 people in the United States is age 65 or older. By 2030, one out of every five people will be in that group—that's more than 72 million

people—according to the Department of Health and Human Services. Our nation's aging population is growing significantly at a time when medical schools are not graduating enough geriatricians, and that's where AGPCNPs can fill a vital and growing gap. Also, according to the National Health Council about 50 percent of the adults in the U.S. have at least one chronic health condition, and a larger number are at risk for developing a chronic condition.

**Are AGPCNPs more than geriatric providers?**

It's about being a health care provider to a wide swath of our country's population. AGPCNPs have the ability to see the same person from

the beginning of their adolescence through the adult years. This specialty embraces that many adults live well into their elder years (older than 80), while recognizing that today's adolescents face more and more "adult" problems such as obesity, type 2 diabetes, sexually transmitted diseases and even drug or alcohol abuse.

**What is the difference between a Family Nurse Practitioner and an Adult-Gerontology Primary Care Nurse Practitioner?**

AGPCNPs typically provide care to adolescents and adult patients who can discuss their own health, rather than dealing with young children. Since we are not

instructing about pediatric care, we spend that time teaching about special considerations among adult patients—syndromes specific to adult patients and the normal versus unusual changes due to the aging process.

**What brought you to this role?**

I originally studied accounting at Lipscomb University in Nashville. I was successful, but didn't see it as a lifelong career trajectory for me. I wanted to get an education in something that could take me a lot of different directions and have more direct interactions with people to help them. Therefore I came to Vanderbilt for my MSN. My first job was in a clinic in

BY KATHY RIVERS  
PHOTOGRAPHY BY JOHN RUSSELL





... the most important factor in selecting a program is “faculty, faculty and faculty.” Our faculty are the foundation of our program.

rural Northwest Tennessee. I loved my patients, but it was too far away from my friends and family. I was able to secure a position working with the Vine Hill Community Clinic, which at that time was part of the School of Nursing. Soon after, there was an opening to teach the Adult Primary Care course at Vanderbilt, and my role continued to grow from there. That was 18 years ago.

**Did you always want to be some sort of teacher?**

I’ve grown into the role of a teacher. I wasn’t born to be a teacher. Students make a person a better educator and the kind of students we have at Vanderbilt expect a great deal from the faculty—push you to be the best you can be. I’ve learned as much from my students as they have ever learned from me.

**What makes you excited about teaching in this program after all these years?**

It’s the kind of students we attract. They are eager and passionate and ridiculously smart. The School administration gives us the support we need to do our job well, and the colleagues I’m surrounded by are very talented educators and clinicians.

**How long has Vanderbilt offered this program?**

The Adult Nurse Practitioner Program, now the Adult-

Gerontology Primary Care Nurse Practitioner Program, was established in 1999. Since that time, the specialty has grown and evolved to meet the demands of patients and the health care system. Lately, there is a nationwide movement that recognizes that all adult nurse practitioners will be essential to care for adolescents, adults and older adults due to the aging of our country’s population. The adult nurse practitioner program and the gerontology nurse practitioner program have been rolled into one comprehensive program and certification.

**Why is the geriatric component so important?**

We need to provide care for seniors in a different way and acknowledge their unique health issues. People without geriatric knowledge often discount a symptom as a typical sign of aging when it’s not. For example, if an 85-year-old woman is anemic, it’s not a normal symptom of aging. It means we need to figure out what else is going on. Incontinence is not a standard change of aging. It almost always occurs in women due to pregnancies that can contribute to lax pelvic floor muscles, can be the result of OB-GYN surgeries, decreased estrogen, etc.—but none of that makes it a “normal” part of aging.

**What are the most important components of this curriculum?**

The most important thing is that this program is evidence-based. We are teaching up-to-date standards of care and best clinical practices to the students. All of our faculty either have or are pursuing a doctoral level of education. Our faculty remain active in clinical practice. For instance, I practice in the Vanderbilt Williamson County walk-in clinic system and Vanderbilt Health at Gaylord Opryland, providing care to employees and their families.

**What are the toughest classes?**

Pharmacology! There is a vast amount of information, and things are always changing as new medications become available and others are taken off the market. We discuss how the cost of medicines impacts usage and ways to help patients get their medicines by enrolling in pharmaceutical company programs, discontinuing unneeded medications, etc. We spend a lot of time on the topic of polypharmacy which is an issue with many adult patients, but especially the elderly population.

**What is the culture and tone of the program like?**

Our faculty are passionate about what we are doing. We provide a nurturing, learning environment. Most

of us have recently been students pursuing doctoral education, so we have a respect for students and the responsibilities they have outside the classroom as parents, partners, caregivers to other family members and more.

**Tell me about the transformation students make?**

The transformation is profound. I see our students convert their dreams and aspirations into a tangible, meaningful career that will be a lifelong journey.

**Why do people choose this specialty?**

Our students want relational experiences with patients. They want the broader understanding of providing primary care—not only disease specific, but also social, psychological and family issues—that go along with caring for someone as they age.

**Is acute care included in this program?**

No, acute care is provided by health care teams in a hospital emergency, surgical or trauma department. Adult-Gerontology Acute Care nurse practitioners manage patients with more unstable chronic health conditions. It is a separate educational track and national certification.

**What is the program format?**

We offer a modified distance learning format with a mixture of face-to-face learning, online instruction and clinical

rotations. Baccalaureate-prepared nurses don't have to relocate to Nashville to complete this program. They travel to campus periodically for pre-scheduled blocks of days. There is a lot of flexibility with how they can personally manage their day-to-day academic work. Our students and faculty are a cohesive group in constant contact with each other.

**Do most students work while in the program?**

About 50 percent work in some capacity.

**What is the advantage of coming to Vanderbilt?**

Our teaching faculty are engaged content experts with deep clinical experience. We focus on the student experience to make sure they have individual communication. We provide a safe learning environment, and by "safe" I mean it's OK to ask questions, admit what they don't know and learn from their mistakes.

**What is the significance of being recently named a Hartford Center?**

We were recently awarded membership in the National Hartford Centers of Gerontological Nursing Excellence (NHCGNE), having demonstrated the highest level of commitment to gerontological nursing. With the quickly-expanding aging population, it is critical that VUSN commits to preparing a nursing workforce that is prepared to care for this population. As a NHCGNE,

we are able to collaborate efforts with other Hartford Centers and have more opportunities to network with organizations that are committed to improving geriatric nursing education and training.

**What qualities does a student need to be successful in this program?**

Words that come to mind are: self-motivated, organized, technologically savvy, possessing interpersonal skills and accepting of a wide range of cultures and beliefs.

**How many students do you enroll each year?**

Typically around 50, and we get to know each student and help her/him on the educational journey.

**What is the most transformative class for students?**

Our clinical sequence of courses, where our students take content they've learned and put it into practice. It's the point at which they start interacting with patients, conducting histories and physical exams, deciding what lab work to order, interpreting lab work, formulating diagnoses, choosing medications to prescribe, managing illnesses and referring to specialists when appropriate. These experiences allow them to see how they can improve health outcomes.

**Where do your graduates get jobs?**

Most of our graduates go on to work in outpatient primary



*The VUSN Adult-Gerontology Primary Care Nurse Practitioner faculty team: Seated (L to R) Karen Hande, Jenny Kim; Standing (L to R) K. Melissa Smith, Leslie Hopkins, Abby Parish, Travis Dunlap and Kanah May Lewallen. Not pictured: Carrie Plummer*

care, and you'll see more of that as more people enter the health care system. There just aren't enough primary care providers. It's a common misperception that with this certification, most people work in nursing homes. Some do, but with such a broad scope of practice, these advanced practice nurses have a wide variety of choices for employment.

**What do you want everyone reading this to know?**

Real estate agents tell you that what matters most in a home purchase is "location, location and location." To me, the most important

factor in selecting a program is "faculty, faculty and faculty." Our faculty are the foundation of our program. They are doctorally prepared, energetic and enthusiastic about providing care to adults of all ages. Our graduates stay in touch with us, come back to teach and even become preceptors for future students, because of the close student-faculty ties.

JOHN RUSSELL



**Esther Mason, (BSN'40)**, recently celebrated her 100th birthday surrounded by family and friends. Mason moved to Australia in 1945 and has lived there continuously except for a few years in the Middle East. She has three children, nine grandchildren and five great grandchildren. She and her husband, a former pilot with the Royal Australian Airforce, were married 53 years before his death in 1998.

**40s**

**Martha C. McBurney, BSN'47A**, is an active 92-year-old living in Alexandria, Louisiana. She enjoys hearing from VUSN friends and says the progress at VUSN since she graduated is an "inspiration."

**60s**

**Ellen Durham Davis, BSN '63, MS, CDE, FAADE**, received the Educator of the Year award for 2014, from the North Carolina Nurses Association. In 2015, she published the article, "Communicating with Patients with Diabetes: A Paradigm Shift," in *Practical Diabetology*. She lives in Durham, North Carolina.

**70s**

**Deede Schmidt Wyatt, BSN'71**, retired from Northwest Mississippi Community College in May 2012 after teaching 19 years. She then worked for a year as a part-time teacher at Southwest Tennessee Community College in Memphis. She currently volunteers at the Tunica Humane Society, the Mallory Neely Historic House in Memphis and the Church Health Center in Memphis as an evening clinic nurse. Her husband, Robert Jethro Wyatt, BA'69, is a pedi-

atric nephrologist at Le Bonheur Children's Hospital. The couple resides in Memphis, and recently welcomed their first grandchild.

**Julia "Julie" Lyon Crocker, BSN'75**, retired from Talbot Hospice, in Easton, Maryland, after 10 years as executive director of the Talbot Hospice Foundation. Crocker led the organization through the changing landscape of state and federal regulations, a recession that challenged the charitable needs of hospice and ever-growing demands for hospice services from county residents.

**Angela "Angie" Berry Donahue, BSN'76**, lives in Fort Worth, Texas, and was elected the 96th president of the Texas Medical Association Alliance. Donahue is also a nurse in a family practice office. Her husband, David, is a pediatric neurosurgeon. The couple has three sons, Ben, BA'05, Kevin and Wyatt, two daughters-in-law, and a grandson.

**Sharon Levinson Steckler, BSN '77**, moved from her supervisory attorney position with the National Labor Relations Board in Fort Worth, Texas, to an appointment as an administrative law judge for the Social Security Administration in Creve Coeur, Missouri.

**Teresa "Terri" Conant Taylor, BSN'77**, recently moved her practice to Edgecomb, Maine. She is a family nurse practitioner working with two other clinicians, one physician and a physician's assistant. She and her husband spend free time visiting their two adult sons in Washington, D.C., and Boston, tending their gardens and traveling.

**Jennifer Williams, MSN'78**, retired from nursing after 43 years, 38 of which were with the Tennessee Department of Health and the Sullivan County Regional Health Department. She lives in Mount Carmel, Tennessee.

**Randolph "Randy" F. R. Rasch, MSN'79, PhD, RN, FNP, FAANP**, is professor of Community Health Nursing in the School of Nursing at the University of North Carolina Greensboro (UNCG) and lives in Pittsboro, North Carolina. He recently finished four years as chair of the Department of Community Health Nursing Practice and is now on a leave of absence, serving as visiting professor and chair of the Department of Nursing at North Carolina Central University. He recently completed service as co-chair of the search committee for Provost & Executive Vice-Chancellor, UNCG, and will serve as chair of an External Review Team for the nursing programs at Florida International University. He is president of the Durham Choral Society for the third straight year.

**80s**

**Nancy Myers Ellsworth, BSN '84**, has worked at the same reproductive endocrinology clinic in Atlanta for 13 years. She says her work is rewarding,

and she enjoys the growing number of family planning options for her patients. She has been married for 11 years.

**Katharine Marie Gibb, MSN'85, EdD, RN**, attended the Aresty Institute of Executive Education at University of Pennsylvania's Wharton School and completed the American Association of Colleges of Nursing Wharton Executive Leadership Fellows Program in August 2014. She resides in Boiling Springs, South Carolina.

**Anna "Anna-Gene" Chalfant O'Neal, BSN'88, MSN'92, MBA'92**, president and CEO of Alive Hospice in Nashville, was recently selected for the 2015 class of the Nashville Health Care Council Fellows.

**Melinda Kay Sprinkle Collins, MSN'89, RN, PhD**, is associate dean of the School of Sciences and Allied Health at Milligan College. She also serves as the area chair of



**Melissa Terry Fish, BSN'82, CNM**, was named Advanced Practice Nurse of the Year by Saint Francis Hospital System in Columbus, Georgia. As the senior nurse-midwife for OBGYN Associates, she works with a team of three other midwives to provide full-scope nurse-midwifery care. Fish, right, is pictured with Nicole Taylor, CNM, a recent CNEP graduate, for whom she served as clinical preceptor.



**Kathie Krause, MSN '92, RN, NNP-BC, NEA-BC**, was appointed chief nursing officer of Monroe Carell Jr. Children's Hospital at Vanderbilt. Krause began her nursing career at Vanderbilt University Medical Center in 1984. She has served as chief nursing officer and vice president of Patient Care at Le

Bonheur Children's Hospital in Memphis for seven years, and prior to that, held progressive nursing positions at Huntsville Hospital and Huntsville Hospital for Women and Children in Alabama.

Nursing—a position she has held for 15 years. She was named a "Health Care Hero" by the *Business Journal of Tri-Cities Tennessee and Virginia* in July 2014. She is married, has two sons and resides in Kingsport, Tennessee.

## 90s

**Jill C. Cash, MSN'91, APN**, has published the third edition of the textbook, "Guidelines of Family Practice." She will have another textbook published in 2015, "Adult-Gerontology Practice Guidelines." She lives in Marion, Illinois.

**Bridget M. Wilson, MSN'94**, was elected secretary-treasurer of the American Board of Neuroscience Nursing. She was also named 2014 Emergency Medical Record Hospital and Specialty Provider Champion of the Year by her employer, UC Davis Health System. She lives in Elk Grove, California.

**Marie Glaser, MSN'95, RN**, has been appointed the Associate Nursing Officer for the Vanderbilt Heart and Vascular Institute, after serving as interim in that role for several months. Glaser is known for engaging staff and faculty to advance practice, develop new clinical programs and expand services.

**Sharon Heinrich, MSN'96**, serves as a family nurse practitioner with Gaston Hospice in Gaston, North Carolina, and is certified as a hospice and palliative care nurse. She previously worked in employee health and wellness for a large health system and serves as a primary care provider in family practice.

**Michelle Darling, MSN'97**, family nurse practitioner, has joined Pardee Family Medicine Associates in Asheville, North Carolina.

**John R. Shanley Jr., MSN'97, RN, GNP**, lives in Memphis, Tennessee, but works in Basrah, Iraq. Two years ago he was working in Afghanistan. His daughter, who was born while he was a VUSN student, is a high school senior. His two sons are in high school and middle school and interested in math and engineering.

**Todd Frank Ambrosia, DNP, MSN'98**, associate dean of the School of Nursing and Health Studies at the University of Miami in Florida, was elected as a Distinguished Fellow of the National Academies of Practice for his significant contributions to the health professions. He was formally inducted on April 5, 2014, in Washington, D.C.

**Karen Gillette, MSN '98, RN, GNP**, is associate director for Patient Care Services/Nurse Executive at the Memphis Veterans Administration Medical Center. She has been in the VA nursing system for 18 years in either nurse practitioner or management roles at five VAs around the country. She has five children and two grandchildren.

## 2000s

**Elisabeth Marie Beale, BS'02, MSN '12**, married Evan Radish on Oct. 18, 2014, in Nashville, Tennessee. She works as a pediatric nurse practitioner for Capstone Pediatrics in Clarksville, Tennessee.

**Lucy B. Todd, MSN'04, ACNP-BC, CNN**, is the section editor for the Peritoneal Dialysis (PD) chapters in the upcoming 6th edition of the "Core Curriculum for Nephrology Nurses," published by the American Nephrology Nurses Association (ANNA). The PD chapters cover the history of PD, PD access, therapy and complications. She lives in Asheville, North Carolina.

**Lora Anna "Anna Davis" Lok, MSN'06**, worked at two Federally Qualified Health Centers as a primary care provider—first in Harlem, New York, from 2007 to 2011, and then in New Jersey from 2011 to 2012. During that time she became a certified HIV specialist. In late 2012, her family relocated to Ontario, Canada, where she gave birth to her second child in January 2013. Lok now works at Innovations Family Medicine, in Hamilton, Ontario, Canada.

**Priscilla Marie Simms, MSN'06**, is assistant professor at Cleveland State Community College in Cleveland,

Tennessee, where she teaches nursing. She is pursuing her DNP at the University of Tennessee in Chattanooga, with a focus on forensic nursing and sexual assault. She also serves as a sexual assault nurse examiner at the Partnership Rape Crisis Center in Chattanooga, and teaches dance at Ginger Brown's Academy of Performing Arts in Ringgold, Georgia.

**Mary Ashley Brown, MSN '08, APN, RN**, has worked at the Mental Health Cooperative in Nashville, Clarksville, Antioch and Dickson, Tennessee, since she graduated from VUSN. She is married with two children – Quinn, 4, and Amelia "Millie," 2. Brown is a recipient of National Health Service Corp Nurse Loan Reimbursement Program through her work in the Clarksville office.

**Haley Hoy, PhD'08 ACNP**, was selected as a LEAD program participant for 2015. LEAD is a yearlong National League of Nursing program designed for the nurse educator who has experienced a rapid transition



**Kiersten Brown Espailat, MSN '03, BS '99, DNP, PMHNP-BC**, earned a DNP at the University of Tennessee Health Science Center in Memphis in May 2013. She welcomed a son, Kellen, in April 2014. He joins his sister, 17, and brother, 10. She works as the stroke program coordinator at VUMC.



Ken Nelson III, MSN'11, DNP'13, RN, NE-BC, CPHQ, recently became the administrative director of Medical/Surgical Services at St. Mary's Hospital in Madison, Wisconsin. St. Mary's is a designated Magnet facility and was the first health care organization in the country to win the Malcolm Baldrige National Quality Award in 2003. He resides in Oconomowoc, Wisconsin.

to a leadership position or aspires to lead.

**Jennifer Marie Fitzsimmons**, MSN'10, BE'07, and husband, Aaron, welcomed their first child, Aaron Thor Fitzsimmons Jr., on April 15, 2014. She is an assistant in Medicine in the Division of Allergy, Pulmonary and Critical Care Medicine at VUMC, practicing in the Medical Intensive Care Unit.

**Coralie Anne Le Coguic**, MSN'11, PMHNP, RN, has been treating women with eating disorders at Renfrew Center in Brentwood, Tennessee, since graduation. She provides medication management, individual therapy and multiple styles of group therapy. She purchased her first home and is engaged to Tim Davis.



Mary A. Green, MSN '12, and her husband, Aaron, welcomed Adaline "Ada" Faith Green on June 5, 2014, at Mayo Clinic Health System in La Crosse, Wisconsin, where she is a certified nurse-midwife and a family nurse practitioner.

**Julianne Zehnder Ewen**, DNP '11, APRN, was appointed to the Catholic Health Initiative (CHI) - National APLC committee which works on advancing the practice of all Advanced Practice Clinicians (APRNs and PAs) to the full extent of licensure across all CHI facilities. She has also been asked to do the same within the KentuckyOne Health Medical Group.

**Elizabeth "Ellie" Kenemer**, MSN'12, moved back to Nashville and is delighted with her new position at the Nashville Center for Hope and Healing.

**Lindy Lee Mason Lynn**, MSN '12, married Jack Lynn, on September 13, 2014, in Livingston, Tennessee. The couple lives in Cookeville, Tennessee.

**John Abner Savage Jr.**, DNP'12, CRNA, APN, is vice president of Operations for Community Care, Inc., a surveyor for the Accreditation Association of Ambulatory Health Care and a consultant for the Office of Investigations, Tennessee Board of Nursing. He lives in Franklin, Tennessee.

**Carol Ann Moseley**, MSN'12, RN, assists and educates older adults and their families about good health and self-care; "right care, right place, right time." She lives in Hendersonville, Tennessee.

**Kathy Lynn Naifeh**, MSN'12, RN, recently transferred from

the Salt Lake City Veterans Administration, where she worked in nursing informatics, to the Las Vegas Veterans Administration, where she is a registered nurse care coordinator for Home Telehealth. She enjoys living closer to family in St George, Utah, and got engaged on her birthday in 2014.

**Wendy Michelle Enneking**, MSN'13, DNP'14, APRN, works as a nurse practitioner at the Midway Center for Integrative Medicine in Midway, Kentucky. She is also a new faculty member in the College of Nursing at Midway College.

**IN MEMORIAM**

Mary Carolyn Fisher Cotugno, BSN'45, died Aug. 12, 2014, in Milwaukie, Oregon.

Lois Ballintine Pesce, BSN'49, died Dec. 27, 2014, in Port Hueneme, California.

Rose Hulse, BSN'50, died Jan. 8, 2015, in Nacona, Texas.

Agnes Michele Fralix Warren, BSN'53, died Nov. 29, 2014, in Dallas, Texas.

Thelma Bess Haralson Baggett, N'53, died Dec. 1, 2014, in Forrest, Mississippi.

Lorene O. Kleu, BSN'56, died Nov. 14, 2014, in Winston-Salem, North Carolina.

Ann L. Wigle, BSN'58, died Nov. 4, 2013, in Potomac, Maryland.

Quenelle D. Burnes, former VUSN professor (1960-1967), died Jan. 19, 2015, in Madison, Tennessee.



Sarah Wilcox Flory, MSN '14, welcomed son, Graham, on Sept. 25, 2014, and passed her FNP-BC boards on Nov. 25, 2014. She lives in Nashville.

Mary Frances Jett, BSN'70, PhD'77, died Aug. 6, 2014, in Los Altos, California.

Ricky G. Rich, BSN'84, died Dec. 26, 2013, in Rockvale, Tennessee.

Cheryl L. Kirkbride, BSN'85, died Sept. 22, 2013, in Roanoke, Virginia.

Judith Ann Rule, MSN'95, died Sept. 26, 2014, in Nashville.

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# VUSN Reunion

Reunion 2014 was a time for nursing alumni to visit the campus and reconnect with classmates. The two-day event included tours of the campus, continuing education opportunities and a brunch in honor of the Class of 1964, who celebrated the 50th anniversary of their VUSN graduation.



1. Eleven members of the Class of 1964 attended Reunion to catch up with former classmates and friends.

2. Former classmates and lifelong friends Annie Greenwalk, left, and Dixianna Upton, both BSN Class of 1954.

3. Janie Casey, '54, gets a hug from W. "Murray" Yarbrough III, BA'53, MD'56, and husband of Elizabeth Yarbrough, BSN '54.

PHOTOS BY KEITH WOOD

## VUSN PINNING

VUSN's December 2014 Pinning Ceremony took place at Benton Chapel on the Vanderbilt University Campus. More than 35 students were recognized for finishing their coursework. Most of those participating were Nurse-Midwifery students since they finish their program of study each December.

1. Nurse-Midwifery students Amanda Becerra and Anna Calhoun talk to Assistant Dean Sarah Ramsey immediately before the ceremony.

2. Dean Linda Norman presented Nurse-Midwifery student Ashley Mirmak with her Post-Master's certificate.



PHOTOS BY SUSAN URMY

# Reunion 2015

If your class year ends in 0 or 5, save the date for your Vanderbilt School of Nursing Reunion, scheduled for **October 22-24, 2015**. It's a great time to catch up with classmates, friends and faculty mentors. Plus, we're celebrating the five-year anniversary of the first DNP graduating class. All DNP alumni are invited to commemorate this milestone.

The weekend offers continuing education classes, a wine and cheese reception and homecoming football on Saturday.

Visit [reunion.vanderbilt.edu/nursing](http://reunion.vanderbilt.edu/nursing) to learn more—and while you're there, add your name to the Planning to Attend list. Let your friends know you'll be at Reunion 2015!



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